

APPENDIX D

PA DATA AND SITE CHARACTERISTICS FORM

This form summarizes PA information and serves three functions:

- ! Records administrative information to update and maintain CERCLIS
- ! Records descriptive site information to update and maintain EPA's database of CERCLIS site characteristics
- ! Identifies and provides space to record technical data to evaluate PA sites

Potential Hazardous Waste Site Preliminary Assessment Form		<i>Identification</i>	
		State:	CERCLIS Number:
		CERCLIS Discovery Date:	
1. General Site Information			
Name:		Street Address:	
City:	State:	Zip Code:	County: Co. Code: Cong. Dist:
Latitude: ' " "	Longitude: ' " "	Approximate Area of Site: Acres Square Ft	Status of Site: <input type="checkbox"/> Active <input type="checkbox"/> Not Specified <input type="checkbox"/> Inactive <input type="checkbox"/> NA (GW plume, etc.)
2. Owner/Operator Information			
Owner:		Operator:	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	Telephone:	()
Type of Ownership: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> Federal Agency <input type="checkbox"/> Municipal Name _____ <input type="checkbox"/> Not Specified <input type="checkbox"/> State <input type="checkbox"/> Other _____ <input type="checkbox"/> Indian		How Initially Identified: <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Federal Program <input type="checkbox"/> PA Petition <input type="checkbox"/> Incidental <input type="checkbox"/> State/Local Program <input type="checkbox"/> Not Specified <input type="checkbox"/> RCRA/CERCLA Notification <input type="checkbox"/> Other _____	
3. Site Evaluator Information			
Name of Evaluator:		Agency/Organization:	Date Prepared:
Street Address:		City:	State:
Name of EPA or State Agency Contact:		Street Address:	
City:		State:	Telephone: ()
4. Site Disposition (for EPA use only)			
Emergency Response/Removal Assessment Recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		CERCLIS Recommendation: <input type="checkbox"/> Higher Priority SI <input type="checkbox"/> Lower Priority SI <input type="checkbox"/> NFRAP <input type="checkbox"/> RCRA <input type="checkbox"/> Other _____ Date: _____	
		Signature: Name (typed): Position:	



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5. General Site Characteristics

Predominant Land Uses Within 1 Mile of Site (check all that apply):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agriculture | <input type="checkbox"/> DOI |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Mining | <input type="checkbox"/> Other Federal Facility |
| <input type="checkbox"/> Residential | <input type="checkbox"/> DOD | |
| <input type="checkbox"/> Forest/Fields | <input type="checkbox"/> DOE | <input type="checkbox"/> Other _____ |

Site Setting:

- ☐ Urban
☐ Suburban
☐ Rural

Years of Operation:

Beginning Year _____

Ending Year _____

☐ Unknown

Type of Site Operations (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing (must check subcategory) <ul style="list-style-type: none"><input type="checkbox"/> Lumber and Wood Products<input type="checkbox"/> Inorganic Chemicals<input type="checkbox"/> Plastic and/or Rubber Products<input type="checkbox"/> Paints, Varnishes<input type="checkbox"/> Industrial Organic Chemicals<input type="checkbox"/> Agricultural Chemicals (e.g., pesticides, fertilizers)<input type="checkbox"/> Miscellaneous Chemical Products (e.g., adhesives, explosives, ink)<input type="checkbox"/> Primary Metals<input type="checkbox"/> Metal Coating, Plating, Engraving<input type="checkbox"/> Metal Forging, Stamping<input type="checkbox"/> Fabricated Structural Metal Products<input type="checkbox"/> Electronic Equipment<input type="checkbox"/> Other Manufacturing | <input type="checkbox"/> Retail <ul style="list-style-type: none"><input type="checkbox"/> Recycling<input type="checkbox"/> Junk/Salvage Yard<input type="checkbox"/> Municipal Landfill<input type="checkbox"/> Other Landfill<input type="checkbox"/> DOD<input type="checkbox"/> DOE<input type="checkbox"/> DOI<input type="checkbox"/> Other Federal Facility _____<input type="checkbox"/> RCRA<ul style="list-style-type: none"><input type="checkbox"/> Treatment, Storage, or Disposal<input type="checkbox"/> Large Quantity Generator<input type="checkbox"/> Small Quantity Generator<input type="checkbox"/> Subtitle D<ul style="list-style-type: none"><input type="checkbox"/> Municipal<input type="checkbox"/> Industrial<input type="checkbox"/> "Converter"<input type="checkbox"/> "Protective Filer"<input type="checkbox"/> "Non- or Late Filer"<input type="checkbox"/> Not Specified<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mining <ul style="list-style-type: none"><input type="checkbox"/> Metals<input type="checkbox"/> Coal<input type="checkbox"/> Oil and Gas<input type="checkbox"/> Non-metallic Minerals | |

Waste Generated:

- ☐ Onsite
☐ Offsite
☐ Onsite and Offsite

Waste Deposition Authorized By:

- ☐ Present Owner
☐ Former Owner
☐ Present & Former Owner
☐ Unauthorized
☐ Unknown

Waste Accessible to the Public:

- ☐ Yes
☐ No

Distance to Nearest Dwelling,
School, or Workplace:

_____ Feet

6. Waste Characteristics Information

Source Type:
(check all that apply)

Source Waste Quantity:
(include units)

Tier *:

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Landfill | _____ | _____ |
| <input type="checkbox"/> Surface Impoundment | _____ | _____ |
| <input type="checkbox"/> Drums | _____ | _____ |
| <input type="checkbox"/> Tanks and Non-Drum Containers | _____ | _____ |
| <input type="checkbox"/> Chemical Waste Pile | _____ | _____ |
| <input type="checkbox"/> Scrap Metal or Junk Pile | _____ | _____ |
| <input type="checkbox"/> Tailings Pile | _____ | _____ |
| <input type="checkbox"/> Trash Pile (open dump) | _____ | _____ |
| <input type="checkbox"/> Land Treatment | _____ | _____ |
| <input type="checkbox"/> Contaminated Ground Water Plume
(unidentified source) | _____ | _____ |
| <input type="checkbox"/> Contaminated Surface Water/Sediment
(unidentified source) | _____ | _____ |
| <input type="checkbox"/> Contaminated Soil | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |
| <input type="checkbox"/> No Sources | | |

General Types of Waste (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Metals | <input type="checkbox"/> Pesticides/Herbicides |
| <input type="checkbox"/> Organics | <input type="checkbox"/> Acids/Bases |
| <input type="checkbox"/> Inorganics | <input type="checkbox"/> Oily Waste |
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Municipal Waste |
| <input type="checkbox"/> Paints/Pigments | <input type="checkbox"/> Mining Waste |
| <input type="checkbox"/> Laboratory/Hospital Waste | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Radioactive Waste | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Construction/Demolition
Waste | |

Physical State of Waste as Deposited (check all that
apply):

- ☐ Solid ☐ Sludge ☐ Powder
☐ Liquid ☐ Gas

* C = Constituent, W = Wastestream, V = Volume, A = Area



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7. Ground Water Pathway

Is Ground Water Used for Drinking Water Within 4 Miles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is There a Suspected Release to Ground Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	List Secondary Target Population Served by Ground Water Withdrawn From: 0 - ¼ Mile _____ > ¼ - ½ Mile _____ > ½ - 1 Mile _____ > 1 - 2 Miles _____ > 2 - 3 Miles _____ > 3 - 4 Miles _____ Total Within 4 Miles _____
Type of Drinking Water Wells Within 4 Miles (check all that apply): <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> None	Have Primary Target Drinking Water Wells Been Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Enter Primary Target Population: _____ People	
Depth to Shallowest Aquifer: _____ Feet Karst Terrain/Aquifer Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nearest Designated Wellhead Protection Area: <input type="checkbox"/> Underlies Site <input type="checkbox"/> > 0 - 4 Miles <input type="checkbox"/> None Within 4 Miles	

8. Surface Water Pathway

Type of Surface Water Draining Site and 15 Miles Downstream (check all that apply): <input type="checkbox"/> Stream <input type="checkbox"/> River <input type="checkbox"/> Pond <input type="checkbox"/> Lake <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Other _____	Shortest Overland Distance From Any Source to Surface Water: _____ Feet _____ Miles																				
Is There a Suspected Release to Surface Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Site is Located in: <input type="checkbox"/> Annual - 10 yr Floodplain <input type="checkbox"/> > 10 yr - 100 yr Floodplain <input type="checkbox"/> > 100 yr - 500 yr Floodplain <input type="checkbox"/> > 500 yr Floodplain																				
Drinking Water Intakes Located Along the Surface Water Migration Path: <input type="checkbox"/> Yes <input type="checkbox"/> No Have Primary Target Drinking Water Intakes Been Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Enter Population Served by Primary Target Intakes: _____ People	List All Secondary Target Drinking Water Intakes: <table border="1"><thead><tr><th>Name</th><th>Water Body</th><th>Flow (cfs)</th><th>Population Served</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td colspan="4">Total within 15 Miles _____</td></tr></tbody></table>	Name	Water Body	Flow (cfs)	Population Served	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Total within 15 Miles _____			
Name	Water Body	Flow (cfs)	Population Served																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
Total within 15 Miles _____																					
Fisheries Located Along the Surface Water Migration Path: <input type="checkbox"/> Yes <input type="checkbox"/> No Have Primary Target Fisheries Been Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No	List All Secondary Target Fisheries: <table border="1"><thead><tr><th>Water Body/Fishery Name</th><th>Flow (cfs)</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Water Body/Fishery Name	Flow (cfs)	_____	_____	_____	_____	_____	_____	_____	_____										
Water Body/Fishery Name	Flow (cfs)																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				



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8. Surface Water Pathway (continued)

Wetlands Located Along the Surface Water Migration Path:

- ☐ Yes
☐ No

Have Primary Target Wetlands Been Identified:

- ☐ Yes
☐ No

List Secondary Target Wetlands:

Water Body Flow (cfs) Frontage Miles

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Sensitive Environments Located Along the Surface Water Migration Path:

- ☐ Yes
☐ No

Have Primary Target Sensitive Environments Been Identified:

- ☐ Yes
☐ No

List Secondary Target Sensitive Environments:

Water Body Flow (cfs) Sensitive Environment Type

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Soil Exposure Pathway

Are People Occupying Residences or
Attending School or Daycare on or Within 200
Feet of Areas of Known or Suspected
Contamination:

- ☐ Yes
☐ No

If Yes, Enter Total Resident Population:

_____ People

Number of Workers Onsite:

- ☐ None
☐ 1 - 100
☐ 101 - 1,000
☐ >1,000

Have Terrestrial Sensitive Environments Been Identified on
or Within 200 Feet of Areas of Known or Suspected
Contamination:

- ☐ Yes
☐ No

If Yes, List Each Terrestrial Sensitive Environment:

10. Air Pathway

Is There a Suspected Release to Air:

- ☐ Yes
☐ No

Enter Total Population on or Within:

Onsite	_____
0 - ¼ Mile	_____
> ¼ - ½ Mile	_____
> ½ - 1 Mile	_____
> 1 - 2 Miles	_____
> 2 - 3 Miles	_____
> 3 - 4 Miles	_____
Total Within 4 Miles	_____

Wetlands Located Within 4 Miles of the Site:

- ☐ Yes
☐ No

Other Sensitive Environments Located Within 4 Miles of the Site:

- ☐ Yes
☐ No

List All Sensitive Environments Within ½ Mile of the Site:

Distance Sensitive Environment Type/Wetlands Area (acres)

Onsite	_____
0 - ¼ Mile	_____
> ¼ - ½ Mile	_____